

This is meant to be a sample to give you an idea of what is required in a living will. Anyone drafting a living will should contact an attorney.

# About Pennsylvania's Living Will Law

- An individual of sound mind who is 18 years of age or older or who has graduated from high school or has married may execute at any time a declaration governing the initiation, continuation, withholding or withdrawal of life-sustaining treatment. The declaration must be signed by the declarant, or by another on behalf of and at the direction of the declarant, and must be witnessed by two individuals each of whom is 18 years of age or older. A witness cannot be the person who signed the declaration on behalf of and at the direction of the declarant.
- The law provides a statutory basis for individuals to declare their "will" regarding the use of artificial life support devices or extraordinary medical treatment — **prior to the time** when they become terminally ill and/or lapse into an irreversible coma or permanent unconsciousness.
- Living will declarations are intended to ease the burden on aggrieved family members who — in the absence of such a "will" — could be faced with making difficult medical decisions for their loved ones.
- As stated in our law, however, living wills are not intended to "condone, authorize or approve mercy killing, euthanasia or aided suicide." Additionally, a person who has a written living will may revoke that declaration at any time and in any manner upon communication to an attending physician, other health care provider or other witness to the revocation.
- Further, the law restricts the living will provision for terminally ill pregnant women. Regardless of whether a pregnant woman has a signed living will, all life sustaining treatment is required until the birth of the child — *unless* such treatment would be physically harmful to the woman, would result in pain to the woman that could not be alleviated by medication or would not permit the continuing development and live birth of the unborn child. The law requires the state to pay any uninsured costs for such life support treatment for terminally ill pregnant women.
- Surrogate Decision Maker Option — This provision, which is entirely optional, permits you to name a surrogate decision maker, someone to make health care decisions on your behalf if you lose that ability.

## LIVING WILL DECLARATION

I, \_\_\_\_\_, (PLEASE PRINT NAME) being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

*In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:*

- |  |  |
|--|--|
| I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want cardiac resuscitation.  | I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want mechanical respiration.                           |
| I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want blood or blood products.  | I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want kidney dialysis.                                  |
| I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water). | I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want antibiotics.                                      |
|  | I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT want any form of surgery or invasive diagnostic tests. |

*I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.*

### OTHER INSTRUCTIONS:

I  DO  DO NOT want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name of surrogate (if applicable): \_\_\_\_\_ Name of substitute surrogate (if surrogate designated is unable to serve): \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

I  DO  DO NOT want to make an anatomical gift of all or part of my body, subject to the following limitations, if any:

I made this declaration on the \_\_\_\_\_ day of \_\_\_\_\_ (month/year).

Declarant's signature: \_\_\_\_\_

Declarant's address: \_\_\_\_\_

*The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.*

Witness' signature: \_\_\_\_\_ Witness' signature: \_\_\_\_\_

Witness' address: \_\_\_\_\_ Witness' address: \_\_\_\_\_

DETACH HERE



# STIM GNING ABOUT INFORMATION



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*A Message from*  
**State Representative**  
**Babette Josephs**

Dear Constituent:

In 1992, Pennsylvania enacted a "living will" law that lets an individual prescribe when life-sustaining treatment should be administered by a health care provider if the individual becomes incapacitated.

The legislation extends to terminally ill and/or permanently unconscious adults the right to death with dignity.

In deciding whether to make a living will declaration, you will probably want to consult with one or more of the following: your family, your doctor, your clergy and your attorney.

Included in this brochure is a living will form that is based on the suggested sample contained in Pennsylvania's law. That does not mean that your living will needs to be in this form or that it can't include other specific directions.

By providing this informational material, it is my only hope that it's helpful to you in considering this very personal decision.

As always, if my offices can be of further assistance on this or any other issue pertaining to state government, please don't hesitate to write or call.

Sincerely,

**Babette Josephs**  
State Representative — 182nd District

Pennsylvania's  
**LIVING WILL LAW**  
*(Declaration Form Included)*